



| AMENDED CLAIMS   |               |   |              |          |                |
|--|---------------|---|--------------|----------|----------------|
|  | NO. OF CLAIMS | HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR | EXTRA CLAIMS | RATE     | ADDT'L FEE     |
| Total Claims   | 39            | MINUS 37 =                                | 2            | x \$22 = | 44.00          |
| Independent Claims   | 11            | MINUS 11 =                                |              | x \$82 = |                |
| If Amendment adds multiple dependent claims, add \$270.00              |               |   |              |          |                |
| Total Amendment Fee  |               |   |              |          | 44.00          |
| If small entity status is claimed, subtract 50% of Total Amendment Fee |               |   |              |          | 22.00          |
| <b>TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT</b>                     |               |   |              |          | <b>\$22.00</b> |

☒ A claim fee in the amount of \$ 22.00 is enclosed.

☐ Charge \$\_\_\_\_\_ to Deposit Account No. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in triplicate.

Respectfully submitted,

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